



*Maine Department of Health and Human Services*

**MECMS Update 68**

*June 19, 2006*

**Billing News & Tips**

**Hearing scheduled for July 10 on rule change affecting rates paid to PCAs**

The Office of MaineCare Services (OMS) is proposing changes to Chapter III, Section 12 of the *MaineCare Benefits Manual*. The proposed rule increases the rates paid for personal care attendant (PCA) services under Section 12, Consumer Directed Attendant Services.

LD 1968, Public Law, Chapter 519, Section VVV-1, directs the Department of Health and Human Services to adopt rules to increase the MaineCare base hourly salary for PCAs who provide services under Section 12, from \$7.71 to \$9.00 per hour, effective July 1, 2006.

As a result of the increase to \$9.00, the reimbursement rates listed in Chapter III, Section 12, have to be increased from \$9.12 to \$10.44 per hour. This reimbursement rate change allows for the increase in pay, plus the cost of mandatory employee benefits provided to the PCA at the higher rate of pay.

Additionally, the maximum reimbursement level per member per month is being increased to ensure that the rate increase will not have a negative impact on the number of hours of services that a member receives.

The deadline for commenting on the change is July 21. The hearing will be July 10 at 1:00 p.m. at the Department of Health and Human Services on Civic Center Drive in Augusta.

For additional information, please logon to [http://www.maine.gov/bms/rules/provider\\_rules\\_policies.htm](http://www.maine.gov/bms/rules/provider_rules_policies.htm)

**Teleconferences will give you details about the new MECMS Release 1**

OMS will hold a series of internet and telephone conversations to enable providers to ask questions about MECMS Release 1 that will be implemented soon.

These question and answer sessions will be held Wednesday, July 12, at 11:00 a.m. and Thursday, July 13, at 2:00 p.m. Watch upcoming issues of the *MECMS Update* for the dial-in numbers and weblinks that you'll need to access the sessions.

Release 1 is scheduled for production on July 1. This is the first of a multiple-release plan to implement groups of changes and to add new functionality to MECMS. Release 1 will include new functionality for 837-I Institutional Claims, for Crossover-Part A Claims and for voiding of claims. It will give more stability to MECMS by correcting operational issues.

*MECMS Update 69* will include additional information on Release 1. Details for using the new functionality will be posted on the OMS website.

**Timeline requirements for submission of claims revised**

On June 1, the Office of MaineCare Services (OMS) mailed a letter to all MaineCare providers explaining a revision to Chapter 1, Section 1.10-2 of the *MaineCare Benefits Manual*. The revision allows some flexibility in the normal requirement that all claims be submitted within one year from the date of service. (Continued on the next page.)

This revision responds to provider concerns about meeting the one-year requirement in light of system delays in processing claims and adjustments.

In order to efficiently implement this policy with minimal disruption to the provider community, OMS has modified the billing edits to MECMS. Specifically, the following edit revisions have been made:

1. OMS will not reject otherwise valid claims as untimely if submitted within 20 months of the date of service. This is an additional eight months beyond the normal “one-year rule.”

– Providers should simply submit claims in the customary manner as either a paper or an electronic claim.

2. Valid paper or electronic claims submitted beyond 20 months from the date of service, but less than 23 months, will be allowed if accompanied by clear evidence that the provider routinely submitted such claims in a timely manner.

– The evidence to support the original timely filing requirement would be broadened to include:

- Evidence from within MECMS;
- A provider billing log;
- An EMC file name; or,
- A request by MaineCare staff to hold off on the submission of claims.

3. Individual claims that are beyond the 20-month limit, or the 23-month limit, will be reviewed by OMS for a determination as to whether the claim will be allowed based on evidence of a prior timely filing.

4. OMS will waive the requirement that a provider has only one year from the date of initial submission of a claim to resubmit a corrected claim for payment. This is the “second one-year rule”

5. MECMS currently does not have the capability to make claims adjustments within 120 days. Therefore, OMS will waive the usual 120-day requirement.

The modifications of the one-year and 120-day requirements are currently scheduled to end on January 1, 2007. In December, we’ll review these changes.

The June 1 letter is posted at

[http://www.maine.gov/bms/innerthird/gov\\_mecms\\_prov\\_advis\\_grp.htm](http://www.maine.gov/bms/innerthird/gov_mecms_prov_advis_grp.htm)

Please direct any questions about this policy to your Provider Relations Specialist at 287-9345 or 1-800-321-5557, extension 8; or TTY at 287-1828 or 1-800-423-4331.

### **Reminder: Update your Rider A form**

The 2006 Rider A forms expire on June 30. Contact Cheryl Gliniewicz for the 2007 forms or to ask questions. She can be reached at 287-3271 or [cheryl.gliniewicz@maine.gov](mailto:cheryl.gliniewicz@maine.gov). ■

## **Contact Us**

**Call:** 1-800-321-5557

TTY: 1-800-423-4331

Augusta area: 207-624-7539

**On the web:** [www.maine.gov/dhhs/bms](http://www.maine.gov/dhhs/bms)

### **Write:**

MaineCare Billing and Information Unit  
Office of MaineCare Services  
11 State House Station  
Augusta, ME 04333-0011

### **Our listserv:**

Sign up for a convenient, fast way to get the news you need about billing procedures and other MaineCare provider information:

<http://mailman.informe.org/mailman/listinfo/provider/>

### **Previous issues of *The MECMS Update*:**

[http://www.maine.gov/bms/innerthird/mecms\\_update\\_for\\_provider.htm](http://www.maine.gov/bms/innerthird/mecms_update_for_provider.htm) ■